

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10633454

FILED DATE 07-31-08

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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46						
47						
48						
49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.		12		12		12
TOTAL CLAIMS	1	12	1	12	1	12

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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58						
59						
60						
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96						
97						
98						
99						
100						
TOTAL IND.	1		1		1	
TOTAL DEP.		13		13		13
TOTAL CLAIMS	1	13	1	13	1	13